

\$60 Fee Paid: \_\_\_\_\_  
Permit Number \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Block, Lot, Map # \_\_\_\_\_  
If Map 15 Or 16, Unit # \_\_\_\_\_

*Application must be accompanied with required \$60 fee.  
Check made be made payable to "Town of Sheffield".*

## **Town of Sheffield Board of Health**

Town Hall, 21 Depot Square, 2<sup>nd</sup> Floor, Sheffield, MA 01257-0325  
413-229-7000 Ext 157 Fax: 413-229-7010 Email: [boh@sheffieldma.gov](mailto:boh@sheffieldma.gov)

### **Application for Well Decommissioning Permit**

Name of Applicant / Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Proposed decommissioned well address: \_\_\_\_\_

Block, Lot & Map # \_\_\_\_\_ If Map 15 or 16, Unit#: \_\_\_\_\_

Name of Well Driller: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Well: (Check One) ☐ Shallow ☐ Deep

If a shallow well, who will decommission the well? (check one) ☐ Owner ☐ Well Driller

Reason for decommissioning the well: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate if the decommissioning of any test holes or dry or inadequate borings are part of this permit:

\_\_\_\_\_

I certify that all required electrical work will be performed by a licensed electrician and that I will comply with all applicable sections of the "Private Well Guidelines" and other requirements of the Massachusetts Department of Environmental Protection in this well decommissioning.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner / Applicant)